US Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11-30-2006

This report is mandatory under P L. 86-257, as amended Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440

For Official Use Only	
READ THE INSTRUCTIONS CAREFUL	LY BEFORE PREPARING THIS REPORT.
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<u></u>	
1 File Number U -	2 Fiscal Year Covered From
<del></del> <del>-</del> -	
	1 1 2004 Through 12 31 2004
3 Name and address of person filing	4 Name, file number, and address of labor organization
Name	Name
	Labor Organization File Number
P O Box, Bldg , Room No , if any	P O Box, Building and Room Number, if any
Street	Street
City	City
State Arizona ZIP Code + 4	State Arizona ZIP Code + 4
5 Position in labor organization	
L	
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):	
A Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name, if any)	7 a Nature of Interest, Transaction, or Income
Name Southwest Service Administrators	12/3/04 New Orleans Paddlewheel
Trade Name, if any	-
DO Dou Bide Boom No. 16 and	
P O Box, Bldg , Room No , if any	7 b Amount.
Street 2400 N Dunlap	
City Phoenix	\$64
State Arizona ZIP Code + 4 85021	
Signature	
15 Signature and verification The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete (See the section on penalties in the instructions)	
Signed	On
Signed	On Date Telephone Number